

License First Name, MI., Last Name	<input type="checkbox"/> A-1-d. License Expiration Date	<input type="checkbox"/> A-1-d. Full License Number [specify SLP or SLPL]

<p>PLEASE NOTE: If it is more than 30 days after your license expired, the license is non-renewable.</p> <p>Please e-mail OSL.TArequests@azdhs.gov for assistance or contact the Bureau of Special Licensing at 602-364-2079.</p>	
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Please complete the following:	For ADHS-BSL Use Admin. Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-206 A-1-a. The applicant's full legal name [First, Middle, Last];;		
<input type="checkbox"/> A-1-a. The applicant's home address [Primary Personal Mailing Address];		
<input type="checkbox"/> A-1-a. The applicant's personal contact telephone number;		
<input type="checkbox"/> A-1-a. The applicant's e-mail address [Please Ensure Personal Deliverability];		
<input type="checkbox"/> A-1-b. The Name and Physical Address where licensee practices. List if multiple [If applicable];		
<input type="checkbox"/> A-1-b. The applicant's business telephone number, if applicable [Practice Contact Number];		
<input type="checkbox"/> A-1-c. The name of the applicant 's employer, if applicable;		
<input type="checkbox"/> A-1-c. The applicant 's <u>employer's</u> business address, if applicable;		
<input type="checkbox"/> A-1-c. The applicant 's <u>employer's</u> telephone number, if applicable;		

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Please complete the following:		For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-206 A-1-e. Since your previous license application, have you been convicted of a felony or a misdemeanor involving moral turpitude in this or another state?	YES NO		
<input type="checkbox"/> 206-A-1-f. If YES to 206-A-1-e., Include a copy of all of the following for each conviction: <input type="checkbox"/> i. The date of the conviction, <input type="checkbox"/> ii. The state or jurisdiction of the conviction, <input type="checkbox"/> iii. An explanation of the crime of which the applicant was convicted, and <input type="checkbox"/> iv. The disposition of the case;			
<input type="checkbox"/> 206-A-1-g. Within the two years before the renewal application date, have you had a speech-language pathologist license suspended or revoked by any state?	YES NO		
<input type="checkbox"/> 206-A-3. [SLP-LIMITED ONLY] AAC R9-16-203 (B.) An applicant for a speech-language pathologist license, limited to providing services to pupils under the authority of a local education agency or state-supported institution, shall submit: <input type="checkbox"/> 2. A copy of an employee agreement or employment contract, conditioned upon the applicant's receipt of a speech-language pathologist license, with a local education agency or a state-supported institution that includes the [PLEASE HIGHLIGHT THE FOLLOWING ON THE CONTRACT]: <input type="checkbox"/> a. Applicant's name, <input type="checkbox"/> b. Applicant's Social Security number, <input type="checkbox"/> c. Name of the local education agency or state-supported institution, <input type="checkbox"/> d. Classification title of the applicant, <input type="checkbox"/> e. Work dates or projected work dates of the employment contract, and <input type="checkbox"/> f. Signatures of the applicant and the individual authorized by the governing board to represent the local education agency or state-supported institution; and <input type="checkbox"/> 3. A copy of a temporary or regular certificate in speech and language therapy issued by the State Board of Education to the applicant.			

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

CONTINUE TO NEXT PAGE

ADHS-BSL-SPHR RENEWAL APPLICATION Page 3 of 5 Speech-Language Pathologist or Speech-Language Pathologist Limited ver. 2015-07-01		
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Continuing Education Required for License Renewal per A.A.C. R9-16-206

- A. Every 24 months after the effective date of a regular license, a licensee shall complete continuing education approved by the Department.
3. A licensed speech-language pathologist shall complete at least 20 continuing education hours in speech-language pathology related courses.
- B. Continuing education shall:
1. Directly relate to the practice of audiology, speech-language pathology, or fitting and dispensing hearing aids;
2. Have educational objectives that exceed an introductory level of knowledge of audiology, speech-language pathology, or fitting and dispensing hearing aids; and
3. Consist of courses that include advances within the last five years in:
- a. Practice of audiology,

b. Practice of speech-language pathology,

c. Procedures in the selection and fitting of hearing aids,

d. Pre- and post-fitting management of clients,

e. Instrument circuitry and acoustic performance data,

f. Ear mold design and modification contributing to improved client performance,

g. Audiometric equipment or testing techniques that demonstrate an improved ability to identify and evaluate hearing loss,

h. Auditory rehabilitation,

i. Ethics,

j. Federal and state statutes or rules, or

k. Assistive listening devices.

INSTRUCTIONS: PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING

IF your proof-of-completion documents (e.g. CEU credit transcripts, certificates) *POSITIVELY SHOW* the continuing education course was developed, endorsed, or sponsored by one of the organizations listed per AAC R9-16-208(C) [copied below];

1. **Hearing Healthcare Providers of Arizona,**
2. **Arizona Speech-Language-Hearing Association,**
3. **American Speech-Language-Hearing Association,**
4. **International Hearing Society,**
5. **International Institute for Hearing Instrument Studies,**
6. **American Auditory Society,**
7. **American Academy of Audiology,**
8. **Academy of Doctors of Audiology,**
9. **Arizona Society of Otolaryngology-Head and Neck Surgery,**
10. **American Academy of Otolaryngology-Head and Neck Surgery, or**
11. **An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).**

THEN, provide a clear copy of your proof-of-completion document for each continuing education course you are submitting. You must submit **at least 20 clock hours** of completed courses. We recommend you submit **all** applicable courses completed during the active license period as they can only apply for this renewal. *Keep the original for your records.*

On each proof-of-completion document:	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> Please highlight the organization listed per A.A.C. R9-16-208(C) that developed, endorsed, or sponsored the course.***		
<input type="checkbox"/> Please highlight the number of clock hours you completed.		

*****FOR ANY** course proof-of-completion that does NOT indicate development, endorsement, or sponsorship by an organization listed in A.A.C. R9-16-208 (C), please complete the next page to request approval for each of those courses.

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!FOR USE WITH SLP/SLPL RENEWAL APPLICATION ONLY!

Request for Approval of a Continuing Education Course per A.A.C. R9-16-208:

Please complete this page for each course that was NOT developed, endorsed, or sponsored by one of the organizations listed per A.A.C. R9-16-208(C). Duplicate this page as needed.

Please complete the following:	For ADHS-BSL Administrative Review	For ADHS-BSL Substantive Review
<input type="checkbox"/> AAC R9-16-206-A-2-a. The name of the individual or organization providing the course;		
<input type="checkbox"/> 206-A-2-b., 208-D-7. The date and time the course is provided or was completed;		
<input type="checkbox"/> 206-A-2-b., 208-D-7. The location where the course was provided [Physical or WebURL];		
<input type="checkbox"/> 206-A-2-c., 208-D-3. The title of the course;		
<input type="checkbox"/> 206-A-2-d., 208-D-4., D-6. Briefly describe the course content & educational objectives;		
<input type="checkbox"/> 206-A-2-e., 206-A-2-f., 208-D-5. The name of the course instructor(s) [presenter] and their education, training, teaching experience, and background, if applicable;		
<input type="checkbox"/> A-2-g. The number of continuing education clock hours earned or provided for this course [e.g. convert ASHA CEU 0.45 into 4.5 hours];		

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Please complete the following:		ADHS-BSL Administrative Review	ADHS-BSL Substantive Review
<input type="checkbox"/> R9-16-215 (B.) Request for a Duplicate License If requesting a duplicate license, please add a \$25 fee for each duplicate license requested. →→→	\$		
<input type="checkbox"/> AAC R9-16-206 B. In addition to the documentation and renewal fee in subsection (A), an applicant who submits a renewal application within 30 calendar days <i>after</i> the license expiration date shall submit a <div style="text-align: right;">[if applicable] \$25 late fee. →→ → </div>	\$		
<input type="checkbox"/> 206-A-4. Please enclose a license renewal fee in the amount of \$200 , made payable to <i>Arizona Department of Health Services</i> . Print on the memo line your Full License Number and "LIC RENEW".	\$ 200		
Total Payment Amount Encl. →→ →	\$		
<i>Please make and keep a receipt copy of your payment.</i>			
<input type="checkbox"/> 206-A-1-h. By your signature below, you attest that the information submitted in this application is true and accurate.			
<input type="checkbox"/> 206-A-1-i. The applicant's signature			
<input type="checkbox"/> 206-A-1-i. The applicant's date of signature			

Before submitting your application, please double-check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your completed application and any attachments. If you wish confirmation of the receipt of your application, please deliver it via a receipt confirmation service.

Mail the completed application and all required documentation to:

**Arizona Department of Health Services
 Bureau of Special Licensing
 150 North 18th Avenue, Suite 410
 Phoenix, Arizona 85007**

**For questions and technical assistance, feel free to contact the Bureau
 by phone, 602-364-2079 or by e-mail, OSL.TArequests@azdhs.gov**